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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response...1

| SEC USE ONLY | | | | | | |
|---------------|--|--------|--|--|--|--|
| Prefix | | Serial | | | | |
| DATE RECEIVED | | | | | | |

| Name of Offering (□ cl | heck if this is an | amendment and nan | ne has changed, and i | indicate change.) | | |
|--|--------------------|---|-----------------------|--|----------------------------|--|
| Promissory | Notes | | | | | |
| Filing Under (Check box(| es) that apply): | □ Rule 504 | ☐ Rule 505 | | ☐ Section 4(6) | □ ULOE |
| Type of Filing: | ■ New | Filing | ☐ Amendment | t | | BDAAFAAFA |
| | | | A. BASIC ID | ENTIFICATION | N DATA | rnucedalu |
| 1. Enter the information r | equested about th | e issuer | | | | |
| Name of Issuer (□ check | if this is an amer | dment and name ha | s changed, and indic | ate change.) | | OCT 1 9 2004 V |
| Professiona | l Center at Lal | kewood Ranch, I | LC | | | THOMSON |
| Address of Executive C c/o Global of Boca, l | • | | • | 3326 | | Telephone Number (Including Area Code) (954) 514-0040 |
| Address of Principal Bu | isiness Operation | s (if different from l | Executive Offices) (N | Number and Street, City, | , State, Zip Code) | Telephone Number (including Area Code) |
| Brief Description of Busi Real Estate | | | | | | |
| Type of Business Organiz ☐ corporation ☐ business trust | ☐ limite | d partnership, alread d partnership, to be | | ⊠o | other (please specify: Lin | nited Liability Company |
| Actual or Estimated Date | of Incorporation | or Organization: | Month Yes 06 04 | | ☐ Estimated | OCT 1 8 2004 |
| Jurisdiction of Incorporat | ion or Organizati | | | abbreviation for State: her foreign jurisdiction) | <u>F</u> <u>L</u> | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.G. 77d(6

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This Notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | ☐ Promoter | ⊠ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☑ General and/or |
|--|---|-----------------------------------|---------------------|---------------------------------------|--------------------------------------|
| Full Name (Last name first, i | if individual) | | | ". | Managing Partner |
| Global of Saraso | ota, LLC | | | | |
| Business or Residence Addre | ess (Number and S | Street, City, State, Zip Code) | | | |
| 1545 N. Park Dr Check Box(es) that Apply: | | Weston FL 33326 Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or |
| Full Name (Last name first, i | | Deficiencial Owner | E Exceditve Officer | ——————— | Managing Partner |
| Business or Residence Addre | , | Stand City State 7in Code) | | | |
| Business of Residence Address | ess (Number and s | Street, City, State, Zip Code) | | · · · · · · · · · · · · · · · · · · · | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number and S | Street, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | Transuguig 1 til til vi |
| Business or Residence Addr | ess (Number and S | Street, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | Managing Partner |
| Business or Residence Addr | ess (Number and S | Street, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or |
| Full Name (Last name first, | if individual) | | | | Managing Partner |
| Business or Residence Addr | ess (Number and S | Street, City, State, Zip Code) | | · | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or |
| Full Name (Last name first, | if individual) | | | | Managing Partner |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | | ☐ General and/or |
| Full Name (Last name first, | if individual) | | | | Managing Partner |
| | | | | | |
| Business or Residence Addr | ess (Number and S | Street, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or |
| Full Name (Last name first, | if individual) | | | | Managing Partner |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | □General and/or |
| Full Name (Last name first, | if individual) | | | | Managing Partner |
| D | 01 1 | Charles Charles Charles Co. 1 | | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip Code) | | | |
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| Check Bo | ox(es) that Apply | : 🗆 Prom | oter | ☐ Benefici | ial Owner | □ Ex | ecutive Offi | cer | ☐ Director | | eneral and/or | |
|-------------|--|--|---|--|---|--|--|--|---|--|---------------------------------------|-----------|
| Full Nam | ne (Last name firs | st, if individu | ıal) | | | | | • | | 172 | anaging I ai | uner _ |
| Business | or Residence Ad | dress (Numb | per and Str | eet, City, St | ate, Zip Cod | e) | | | | | | |
| | | | (Use bla | nk sheet, or | copy and us | e additional | copies of thi | s sheet, as n | ecessary) | | | |
| | | | | B. INF | ORMAT | ION ABO | UT OFF | ERING | | | | |
| 1. | Has the issuer sold Answe | d, or does the i | issuer intend indix, Colun | l to sell, to nor nn 2, if filing t | n-accredited in under ULOE. | vestors in this | offering? . | | | | Yes | No ⊠ |
| 2. | What is the minim | | | | | | | | | | \$1 | <u>NA</u> |
| 3. | Does the offering | | | | | | | | | | Yes ⊠ | No |
| 4. | Enter the informat solicitation of pure dealer registered v persons of such a | tion requested chasers in control vith the SEC a broker or deale | for each per nection with nd/or with a er, you may | rson who has to sales of secur state or states set forth the in | peen or will be rities in the off s, list the name information for | e paid or given fering. If a per e of the broker r that broker or | directly or in son to be liste or dealer. If dealer only. | directly, any order is an associ more than five | commission or ated person or e (5) persons to | similar remur agent of a bro be listed are | neration for oker or associated | |
| Full Name | (Last name first, if | | | | | | | | | | | |
| Business o | or Residence Addre | ss (Number ar | nd Street, Ci | ty, State, Zip | Code) | | | | | | | |
| Name of A | Associated Broker of | т Dealer | | | | -, | · · · · · · · · · · · · · · · · · · · | | | | | |
| States in V | Which Person Listed | Has Solicited | or Intends | to Solicit Purc | chasers | | | | | ······································ | | |
| | (Check "All States | s" or check ind | lividual Stat | es) | | | | | ☐ All States | | . , | |
| [A] | L] [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| ĮΠ | L] [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [M | rj [ne] | [NV] | LNHJ | רואן | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| • | I) [SC] | [SD] | [TN] | [TX] | ודטן | [TV] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name | e (Last name first, i | findividual) | | | | | | | | | | |
| Business of | or Residence Addre | ss (Number ar | nd Street, Ci | ity, State, Zip | Code) | | | | | | | |
| Name of A | Associated Broker o | or Dealer | | | | | | | | | | |
| States in V | Which Person Listed | | | | | | | | | | | |
| | (Check "All States | s" or check ind | lividual Stat | tes) | | , | | | ☐ All States | | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | ſΗŊ | [ID] |
| [IL] | INI | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name | (Last name first, i | f individual) | | | | | | | | | | |
| Business | or Residence Addre | ss (Number a | nd Street, C | ity, State, Zip | Code) | ····· | · · · · · · · · · · · · · · · · · · · | | | | | |
| Name of A | Associated Broker of | or Dealer | | | | | | | | | | |
| | Which Person Lister | | d or Intende | to Solicit Pur | chasers | | | | | | | |
| Janes III | (Check "All State | | | | | | | | ☐ All States | | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | (CO) | [CT] | [DE] | [DC] | [FL] | [GA] | ſНΙ] | [ID] |
| [IL] | ואון | | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | (WY) | [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | Enter the aggregate offering price of securities included in this offering and the total amount alread | y sold. Enter | |
|--|--|---|---|
| | | | |
| e of Security | | Aggregate Offering Price | Amount Alread Sold |
| Debt | | \$ 2,400,000 | \$ 2,400,000 |
| Equity | | \$0 | \$ <u>-0-</u> |
| | ☐ Common ☐ Preferred | | |
| Partnership Int | erests | \$0- \$0- \$0- | \$ <u>-0-</u> \$ <u>-0-</u> \$ <u>-0-</u> |
| | Total | \$2,400,000 | \$ <u>2,400,000</u> |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| dollar amounts securities and Accredited Inv | of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors 36 -0- | Aggregate Dollar Amount of Purchases \$ 2,400,000 \$0- |
| | Answer also in Appendix, Column 4, if filing under ULOE | | |
| date, in offerir Classify securi | gs of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. ities by type listed in Part C - Question 1. | Type of Security | Dollar Amount Sold |
| Rule 505 Regulation A Rule 504 | | | \$ \$ \$ |
| | Total | | <u></u> |
| | Debt Equity Convertible Separtnership Int Other (Specify) Enter the number of the securities and securities a | "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box | Aggregate Offering Price Debt S_2,400,000 Equity S_0 |